

# EXHIBIT 9

1 UNITED STATES DISTRICT COURT  
2 IN AND FOR THE DISTRICT OF WYOMING  
-----

3 STEPHANIE WADSWORTH,  
4 Individually and as Parent  
5 and Legal Guardian of W.W., K.W.,  
6 G.W., and L.W., minor children,  
7 and MATTHEW WADSWORTH,

8 Plaintiffs,

9 vs. Case No.  
10 2:23-cv-00118-NDF

11 WALMART, INC. AND JETSON  
12 ELECTRIC BIKES, LLC,

13 Defendants.  
14 -----

15 REMOTE DEPOSITION OF DR. GIAVONNI LEWIS  
16  
17

18 Monday, August 5, 2024

19 9:00 a.m. (MDT)  
20  
21  
22

23 Reported By:

24 Joan Ferrara, RMR, FCRR

25 Job No. 44610

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

August 5, 2024  
9:00 a.m. (MDT)

Deposition of DR. GIAVONNI LEWIS, held  
remotely via Zoom, before Joan Ferrara,  
a Registered Merit Reporter, Federal  
Certified Realtime Reporter and Notary  
Public.

1 REMOTE APPEARANCES:

2

3 ON BEHALF OF PLAINTIFFS:

4 MORGAN & MORGAN, P.A.

5 1700 Palm Beach Lakes Boulevard

6 Suite 500

7 West Palm Beach, Florida 33401

8 BY: RUDWIN AYALA, ESQ.

9

10

11 ON BEHALF OF DEFENDANT JETSON ELECTRIC

12 BIKES LLC:

13 MCCOY LEAVITT LASKEY LLC

14 N19 W24200 Riverwood Drive

15 Suite 125

16 Waukesha, Wyoming 53188

17 BY: EUGENE M. LAFLAMME, ESQ.

18

19

20 ALSO PRESENT:

21 KEVIN MONTGOMERY, Lexitas Monitor

22 SUZANNE LEE, ESQ. University of  
23 Utah Health

24

25

1 GIAVONNI LEWIS,

2 called as a witness, having been  
3 duly sworn by a Notary Public, was  
4 examined and testified as follows:

5 EXAMINATION BY

6 MR. LAFLAMME:

7 Q Good morning, Dr. Lewis. My  
8 name is Eugene LaFlamme. I represent two  
9 of the defendants that are involved in the  
10 Wadsworth case. I'm not sure how familiar  
11 you are with that, other than obviously you  
12 were involved in the treatment of W[REDACTED]  
13 and Stephanie W[REDACTED].

14 Are you aware that there is a  
15 litigation going on as well?

16 A Not until I received notice  
17 about the deposition.

18 Q Okay. Have you gone through  
19 this process before, as far as giving  
20 deposition testimony about patients that  
21 you have treated?

22 A I have.

23 Q Okay. I won't belabor all the  
24 traditional instructions because I know  
25 you're familiar with it, and I certainly

1 correct?

2 A Correct.

3 Q Now with respect to W[REDACTED]

4 W[REDACTED], his date of birth was [REDACTED] 2017.

5 So he was about 3 or 4-years old when he  
6 came in for your care and he also came in  
7 on February 1, 2022.

8 Do you have any memory of caring  
9 for W[REDACTED] W[REDACTED]?

10 A I apologize, I don't.

11 Q Okay.

12 A I've seen a lot of patients  
13 since then.

14 Q I'm sure. I'm sure it's like  
15 attorneys with cases. You know, we have a  
16 lot of them and it's tough to keep track of  
17 all of them.

18 W[REDACTED] W[REDACTED] was discharged  
19 on February 27, 2022 and he had 8 percent  
20 TBSA on his bilateral feet, bilateral hands  
21 and lower extremities, also involved in a  
22 house fire in Wyoming.

23 Any of that ring a bell to you  
24 as far as your care with W[REDACTED]?

25 A Not specifically.

1           Q       Okay. With respect adolescent  
2   burn injuries, is there a difference  
3   between treating adolescent burn injuries  
4   compared to adult burn injuries?

5           A       There are some differences, for  
6   sure. The grafting procedures and care are  
7   very similar to adults.

8                   The issues are when it comes to  
9   the long-term follow-up and expectations of  
10  the scarred or grafted or healed areas, and  
11  that is we have to follow them until they  
12  reach physical maturity, and that is  
13  because the grafts or the scars do not  
14  grow. And so as they meet each milestone  
15  of physical maturity, we may see increase  
16  in contractures, increase in other  
17  functional deficits related to that.

18                   So much like if an adult will,  
19  you know, say grow in girth and gain  
20  weight, their scars will be on stretch and  
21  cause them functional issues.

22                   This is the same thing for kids,  
23  but it's on a longer term, and we see that  
24  as an issue until they meet physical  
25  maturity.

1           Q       What is the typical follow-up --  
2     and I recognize that burn injuries are very  
3     different from one person to another --  
4     someone that has an 8 percent TBSA on  
5     bilateral feet, hands and right lower  
6     extremities, what would the generally  
7     expected follow-up be for that type of  
8     injury for an adolescent as they mature?

9           A       Sure. Could you remind me if he  
10    had surgery, like split thickness  
11    autografting?

12          Q       He did have some grafting, yes.

13          A       So typically we would see the  
14    patient every one to two weeks at discharge  
15    until the grafts and wounds were completely  
16    healed.

17                   Then we would see them every,  
18    you know, two to three months as we got  
19    closer to that timeline of the six to eight  
20    weeks -- six to eight months from the  
21    original injury to determine if there were  
22    any reconstructive needs or deficits that  
23    weren't being managed with the conservative  
24    approach, which is usually scar massage,  
25    physical therapy, compression therapy.



1                   And so if they weren't meeting  
2   our goals from that capacity, then we would  
3   start considering our reconstructive  
4   options, which includes laser treatment.  
5   We would recommend laser treatment based on  
6   the scar in the functionality and then we  
7   would proceed with our cycle of that.

8                   For pediatric patients, we  
9   typically do one laser round, or one laser  
10  cycle, and then assess and give the kiddos  
11  a break because they typically require an  
12  OR procedure. So we can't do them at the  
13  bedside or in our clinic. They require,  
14  you know, full anesthesia or at least like  
15  a twilight with, you know, anesthesia safe  
16  support.

17                  And then we would, you know,  
18  once we got to a stable space where the  
19  kiddos are meeting all of their milestones,  
20  they're from a functional capacity able to  
21  do all the things that are expected, we  
22  will start to move out their evaluations to  
23  every six months to every year to assess  
24  and reassess how they are growing and  
25  maturing along with the grafts and any

1 scars that developed, and we do that until  
2 they're 18.

3 Q Is one round of laser treatment  
4 for an adolescent, is that the same six to  
5 eight sessions or is that different?

6 A It's the same.

7 Q Okay. So for a single laser  
8 treatment session for an adult, it sounds  
9 like that is a -- is that just a day  
10 procedure?

11 A It's a day procedure, uh-huh.

12 Q And then for an adolescent, is  
13 that -- does that require any overnight  
14 hospitalization or is that a day procedure  
15 or there's just a higher level of providing  
16 them medication to knock them out?

17 A Correct.

18 Q Okay. All right. I'm going to  
19 show you here a copy of W■■■■■■'s discharge  
20 summary just to see if this provides any  
21 recollection for you.

22 So here you can see that you are  
23 listed as the attending, and the discharge  
24 date is February 27, 2022.

25 I'll just let you read here a

1 little bit. Let me know if you need me to  
2 blow it up.

3 A Nope.

4 Q Good to move down?

5 A Correct. Seems very  
6 straightforward. Okay. And you can keep  
7 going.

8 Q Okay.

9 A Okay. This looks like a  
10 different note.

11 Q You are correct. That's a  
12 follow-up note.

13 As far as the discharge summary,  
14 does that provide you any indication as to  
15 what you may expect W■■■■'s future care to  
16 be?

17 A Yes. If you scroll back up to  
18 the procedures, so the right lower leg  
19 received an autograft. Again, if kids heal  
20 pretty quickly, that's in three to four  
21 weeks, typically they do well.

22 I can't determine from the  
23 description here if this went across his  
24 joints, like the knee, or across the ankle.  
25 Those are pretty impactful areas as far as

1 function and long-term impacts.

2 If this is like on the thigh, in  
3 the middle, or in the middle of the calf,  
4 typically we don't see a lot of long-term  
5 impact functionally except when kids are  
6 growing taller it may cause some issues in  
7 stretch across joints.

8 So that would be my best guess  
9 based on what I'm looking at as to the  
10 actual site that was grafted.

11 Q And W██████ did receive some  
12 laser treatment as well. So would we  
13 expect to see the laser -- would there be  
14 an assessment again at the fourth laser  
15 treatment?

16 A Yes.

17 Q Let me see if I can get that for  
18 you. Actually, here are some photos of it  
19 that may help show you where the burn  
20 injuries are.

21 A Oh, yeah, okay.

22 Q It looks like this photo would  
23 have been taken on 6/3/2022.

24 A Uh-huh.

25 Q And this is at page P-WW 1843,

1     also referencing page 175.

2                     And then this may be a better  
3     picture for you as well.

4             A       Uh-huh.

5             Q       Which is on the following page,  
6     which is P-WW 1844 and page 176.

7                     So in looking at those burn  
8     injuries, does that provide you any further  
9     information with respect to W[REDACTED]?

10            A       Yes, it does. It goes over the  
11     knee. So that's a really high stakes area  
12     and we would definitely need to watch him  
13     as he grew to physical maturity.

14            Q       So then you would expect to  
15     follow him at least to some degree up until  
16     age 18?

17            A       Yes.

18            Q       And is that generally a  
19     once-a-year type of follow-up?

20            A       Correct.

21            Q       I'm just trying to find his  
22     fourth laser treatment. I seem to be very  
23     good at finding the third laser treatment  
24     record.

25                     While I have the fourth laser

1 treatment being pulled up for W■■■■■, I  
2 have the fourth one for Stephanie, so why  
3 don't we take a step back and go to that  
4 one.

5 A Sure.

6 Q And this is at Bates stamp STEPH  
7 00212 where this starts. You can see that  
8 the date of service is 11/7/23.

9 A Uh-huh.

10 Q Let me know where you want me to  
11 go so that you can read this a little bit.

12 A Sure. If we could scroll down  
13 to the bottom portion of the assessment.

14 Q That is right there.

15 A So that's just the beginning of  
16 the note. Could we go down further?

17 Q Yep. Give me one second and  
18 I'll have to -- my paralegal only e-mailed  
19 me the first page.

20 A Oh, okay.

21 MR. LAFLAMME: Why don't we just  
22 take two minutes, a quick break, and  
23 I'll get them pulled up for you.

24 THE WITNESS: Okay.

25 (Recess taken 9:42 a.m.)

1 (Resumed 9:45 a.m.)

2 BY MR. LAFLAMME:

3 Q Dr. Lewis, it actually looks  
4 like W[REDACTED] may not have gotten his fourth  
5 yet. The third, it's at least the last  
6 record that we have. He may have gotten  
7 his fourth, but we just don't have the  
8 record yet.

9 So I just want to walk through  
10 the third laser treatment just to see if  
11 there's anything in here that would give  
12 you any information as far as what you  
13 could expect for W[REDACTED] going forward.

14 A Sure.

15 Q And this is on page P-WW 058.

16 A Uh-huh.

17 Q And the treatment date looks to  
18 be 11/7/2023. Here you can see it as the  
19 third laser treatment.

20 A Correct. If you could scroll  
21 down. Keep going. You can keep scrolling.  
22 Keep scrolling. Keep scrolling. The note  
23 just seems incomplete.

24 If you scroll back up -- so what  
25 I would anticipate after this page, after

1 history, there would be an area of the  
2 physical exam and what we are planning to  
3 do for the patient and our assessment of  
4 all of the information.

5 This, based on what I'm seeing  
6 currently, it just supports the fact that  
7 he still has ongoing scars, he tolerated  
8 the laser treatments, and he's doing well.  
9 So this is the H&P for the procedure.

10 There should be a separate note  
11 outside of the burn laser H&P to assess.

12 So the attending will see the  
13 patient outside of the laser treatment  
14 sessions to provide an assessment and note  
15 to determine if further treatment is  
16 required.

17 Q Okay. Is that done on the third  
18 laser treatment as well or would that be  
19 more something that is done on the fourth  
20 at the midpoint for W■■■■?

21 A It's after the fourth treatment  
22 before the fifth treatment.

23 Q Okay. So since that was the  
24 third treatment, laser treatment, and we  
25 don't have a record of at least the fourth



1 yet, that's what we would be looking for  
2 once we get the fourth laser treatment  
3 record?

4 A Correct.

5 Q Okay. All right.

6 And then looking at Stephanie's  
7 fourth laser treatment record, which I'll  
8 pull up here -- this should be all of it.

9 A Uh-huh.

10 Q And this was the first page that  
11 you had looked at before.

12 A Right.

13 Q But if you want to look at  
14 anything further on here, let me know.

15 A We can keep going. Okay, keep  
16 going. More. Keep going. Stop there.  
17 Okay, keep going. You can keep going. And  
18 you can hold there. Okay, you can keep  
19 going. And here.

20 So this outlines what we  
21 essentially do as part of the practice. So  
22 she is receiving her laser treatment on the  
23 day of this service for number four, and  
24 the areas that are being treated are also  
25 listed and there's been improvement for

1 both feet.

2 And then there, again, she will  
3 need a burn attending clinic visit. That  
4 will be the discussion about an assessment  
5 of the status of her burn injuries and  
6 scars and determination of further  
7 treatment and plans.

8 Q Would that be an in-person burn  
9 attending clinic visit at the hospital?

10 A Typically, yes. Sometimes we do  
11 them virtually, but our preference is in  
12 person.

13 Q And when that clinic visit  
14 occurred or will occur, that's when further  
15 discussion will happen as far as how future  
16 laser treatments may be utilized?

17 A Correct.

18 Q And since she is still on her  
19 first round of laser treatments, is that  
20 assessment done at this point after the  
21 fourth laser treatment or is that done at  
22 the end of the course of the six to eight  
23 sessions?

24 A So we do an assessment after the  
25 fourth laser, and then after every fourth

1 assessment or fourth laser, or if we have  
2 decided not to do any further laser if it's  
3 anywhere between numbers five to eight,  
4 then we will have a follow-up attending  
5 appointment to determine if they are, in  
6 fact, okay and don't require any further  
7 intervention currently. And then we move  
8 into the watchful waiting period and then  
9 determine if we're okay to kind of be less  
10 aggressive and sort of evaluate as needed.

11 Q And is Dr. Chris LaChapelle, is  
12 he with your clinic in Salt Lake City?

13 A Yes. He's one of the burn  
14 surgeons, yes.

15 Q So at this point is  
16 Dr. LaChapelle, is he the attending, in  
17 essence, for the laser treatment side of  
18 it?

19 A Correct, for this particular  
20 procedure, uh-huh.

21 Q So is it just on a procedure  
22 basis or is it on a patient basis?

23 A On a procedure basis, because  
24 this is a shared model.

25 Q As far as who is making the call

1 for future laser treatment recommendations,  
2 who would that be within the Burn Center?

3 A All four physicians, we share a  
4 practice, and we also share our clinical  
5 algorithms, so to speak.

6 And so we -- either one of us  
7 would be -- if we have space in our clinic,  
8 we would be designated to see the patient  
9 after their fourth laser treatment and  
10 provide a realtime assessment and then  
11 determination.

12 So it's not necessarily  
13 Dr. LaChapelle's personal patient. But  
14 again, since we share our practice, he  
15 would make his assessment, but it would be  
16 based on our general principles of care.

17 Q And I think you had indicated  
18 that there were four physicians on your  
19 team. Is that accurate?

20 A Correct.

21 Q So it would be you, Dr. Fleming,  
22 Dr. Thompson and then Dr. LaChapelle?

23 A Correct.

24 Q And just for the record, that  
25 treatment note for the fourth laser

1 treatment was STEPH 00212 to STEPH 00216.

2 MR. LAFLAMME: Doctor, I think  
3 that's all the questions I have for  
4 you today.

5 Attorney Ayala may have some  
6 follow-up for you, but I appreciate  
7 your time here this morning.

8 THE WITNESS: Thank you.

9 MR. LAFLAMME: And apologies for  
10 the lateness in getting you the link  
11 for this.

12 EXAMINATION BY

13 MR. AYALA:

14 Q Good morning, Doctor. Can you  
15 hear me okay?

16 A Yes, I can.

17 Q Thank you for attending today.  
18 Thank you for your professionalism. I just  
19 have a few follow-up questions.

20 Same rules apply. If at any  
21 point in time you can't hear me or we lose  
22 connection, once we re-establish let me  
23 know that, I'll make sure that I reask the  
24 question so we have effective  
25 communication. Okay?